

New Jersey Department of Health

Tuberculin Medication Request Instructions

Medication Request

All new clients requesting medication for the first time must submit a letter with the agency letterhead in writing to the New Jersey Tuberculosis Program. These requests must meet the qualifications and requirements of the New Jersey State Tuberculosis Program before becoming a client of the Tuberculosis Medication Program.

Send all requests in writing to the following address:

**New Jersey Department of Health
Division of HIV, STD, and TB Service (Tuberculosis Program)
PO Box 363
Trenton, NJ 08625-0363
Attn: Medication Request –Ifeoma Ogbonnaya or Karen Galanowsky
Main: 609-826-4878 or Fax: 609-826-4879**

Order Forms

All columns of the request form must be completed. Order forms that are not complete cannot be filled. Medication will usually be received 2-4 weeks after being faxed to the TB Program. Unfortunately there is only one person packaging orders sent to the TB Program so orders may be delayed due to special situations, vacations etc.

Agency: Enter the name (exactly as listed in our mailing list database) of the facility ordering the medication. If unsure or to make changes call the TB Program (609-826-4878) Peter Fantasia.

Reporting Period: Is the date from the last order to the date of your current order

Shipping Address: The shipping address must be the same as listed in our database. If unsure or to make changes call the TB Program (609-826-4878).

Inventory: **Keep two months of medication currently being dispensed on the shelf at all times.**

Beginning Inventory: The amount of the medication (bottles/boxes do not use doses) you have in stock at the beginning of the reporting period.

Amount Dispensed: Do not list doses. The amount of medication (bottles/boxes) you have dispensed during the reporting period.

Expired/Lost/ Destroyed: The amount of medication that expires or is destroyed during the reporting period.

Ending Inventory: The amount of medication in stock at the end of the reporting period. Beginning inventory minus amount dispensed minus amount expired/destroyed if applicable.

Amount Requested: The amount of medication being ordered (bottles/boxes do not use doses).

Amount Shipped: For State use only. (Leave blank)

Fax or email completed order to: 609-826-4879 Attention Ifeoma Ogbonnaya, email:

ifeoma.ogbonnaya@doh.nj.gov

Medication Quantity

Medication is ordered by bottle, vial or box as indicated on the medication order sheet (e.g. "Zyvox 20 per bottle" 1 means you will receive one bottle, "syringes" 1 means one syringe).

Medication cannot be ordered by the case, carton or box. Many different manufacturers are used with different size boxes. The only exception is Paser (amino salicylic acid) which comes 30 packets in a box and if you order 1 you will receive one box of 30 packets.

Syringes are ordered by the individual syringe. **Syringes will *only* be provided for the use of PPD or injectable medications provided by the NJ Department of Health TB program. We reserve the right to audit any clinic utilizing our medical supplies.**

Stocking Medication

Most medication can be stored at room temperature (68-73 degrees f).

Medication should be locked in a secure location.

Medication expiration dates must be checked frequently. Do not dispense beyond the expiration date. If only the month and year is listed discard after the last day of the month listed.

PPD solution should be discarded thirty days after opening the vial (the date opened must be written on the vial) PPD must be kept refrigerated and daily temperatures should be logged. For further information regarding any of our medications please check the manufacturers' website.

Print your name on the bottom of the order form where indicated and sign. Please leave a phone number where you can be easily reached concerning questions about your order. If you have any questions call or email the TB Program at 609-826-4878 ask for Ifeoma Ogbonnaya ifeoma.ogbonnaya@doh.nj.gov or Karen Galanowsky karen.galanowsky@doh.nj.gov will answer your inquiry.

Phone: 609-826-4878

Fax: 609-826-4879